

CUSTOMER SURVEY

Customer Name:

Organization Code:

Name of Employee Conducting Survey:

Date of Survey (Month/Day/Year):

REQUIRED SERVICE

- | | | |
|---|--|--|
| <input type="checkbox"/> Receiving and Distribution | <input type="checkbox"/> Relocations | <input type="checkbox"/> Logistics Support |
| <input type="checkbox"/> Cataloging and Acquisition Screening | <input type="checkbox"/> Utilization Screening | |
| <input type="checkbox"/> Inventory and Acquisition Management | <input type="checkbox"/> Customer Support | |
| <input type="checkbox"/> Office Furniture and Furnishings | <input type="checkbox"/> Flight Hardware | |
| <input type="checkbox"/> Special Requirements | <input type="checkbox"/> Storage, Issue, and Warehousing | |

NATURE OF SURVEY

PERFORMANCE STANDARD AFFECTED

MADR: _____ Actual Defect Rate: _____

PERFORMANCE CORRECTION ACTION

- | | |
|---|---|
| <input type="checkbox"/> Follow-up Required | <input type="checkbox"/> No Further Action Required |
|---|---|

COMMENTS

Signature:

Date: